N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Carrie	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Sykexicle (No. Kpr.) 2 FULL NAME James N.	Lucesson. [If death occurred in a hospital or institution give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**SEX ** COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Suly (Month) (Day) (Year)
8 DATE OF BIRTH LUCKUSCON: 1842 (Month) (Day) (Year)	that I last saw here alive on Seely 5, 1913.
FAGE If LESS than t day, hrs. or mos. ds. or mio.? BOCCUPATION (a) Frade, profession, or particular kind of work	and that death occurred on the date stated above at 6 M. m. The GAUSE OF DEATH* was as lollows: Delexalising least and gargeen
(b) Geoeral nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Masy Racid	Contributory lenelity and aslesis - (Secondary) lenelity and lenelity.
10 NAME OF FATHER Kabes 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Dyrafion) yrs mos ds. (Signed) (Signe
OF MOTHER Coa Lenespringes. 13 BIRTHPLACE OF MOTHER (State or country) Many land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place of death yrs, mos ds. State yrs, mos ds.
(Informant) ADA RECORDS (Address) A Month Sylvanille 16 File 128 1913 W. Riths	Where was disease confracted, If not at place of death? Former or usual residence Coarling for Co. Thanyland. 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL Welland for the place of Burial Address 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrat	G. B. Franklin St. Relto Pequesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. first Aine will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: Farmer (retired 6 yrs.). If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia of lungs, meninges, peritonaeum, etc.. Careinlosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. Examples: mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeture of the American Medical Association.) "Contributagy." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head or HOMICIDAL, or as probably "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report For VIO-



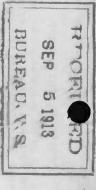
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1 PLACE OF DEATH	STATE OF MARYLAND
County Danvell	CERTIFICATE OF DEATH
00.00	Registration Dist. No.O
Village or City Sy Resvellong	St.: Ward) If death occurred in
	give its NAME instead
FULL NAME James H.	Underson of street and humber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH July 5 1915
Wind White WIDOWED, Sunger ORDIVORCED (Write the word)	Unonth) 4 (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	1 1913, to quite 20, 1913,
(Month) (Day (Year)	that I last saw harm, alive on www. 20 ,1913
17 AGE If LESS than	and that death occurred on the date stated above, at
about 71 yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION D.	death occured fully) 1413
(a) Trade, profession, or particular kind of work and	Case of Deathante allersie
(b) General nature of industry, business, or establishment in	
which employed (or employer) . Jahluan ge	(Duration) Orde yra mos ds.
9 BIRTHPLACE (State or country)	Secondary
- Villagrano.	(Doration) yrs mos ds.
10 NAME OF PARKE & Que den and	(Signed) Do D.T. Lesher, M. D.
11 BIRTHPLATE	Oul, 77 , 191 S. (Address) Willieus hert told
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER OF MOTHER	Atate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z 12 MAIDEN NAME 60 OF MOTHER COLO	Atte the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OUA (1 Wenninger	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mandlaga	of death wes fig. ds. State 71 yrs ween ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Le la la	if not at place of death?
(intermant)	usual residence W. W. Carus Lung Lung
(Address) Y Illiams furt INC	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 D 1977 of & Pick 1	20 UNDERTAKER A DESCRIPTION AND ADDRESS ADDRES
Filed May M., 1913 TO, Q, CCA Dard	Year and Joel Maill:
	trar, 6 E. Franklin St., Balto Requesting V. S. No. 1.
J. W. W. Ritter	ma.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated this: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return -Precise statement of occupa-"Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tubercuclesis of lungs, meninges, peritonaeum, etc., Carcin-



mia," "Puenperal peritonitis," etc. State canse for ture of the American Medical Association.) "Contributory." sopsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacctc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Conua," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditious, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated nnless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 8 1918 BURLAU, V. S.

Recent for credit

RECORD ERMANENT BINDING RESERVED MARGIN

STATE OF MARYLAND PLACE OF DEATH PHYSICIANS should state of OCCUPATION Is very 9450 CERTIFICATE OF DEATH Registration Dist. No StWard) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statemen 16 DATE OF DEATH SCINCLE. 3 SEX 4 COLOR,OR RACE MARRIED. ORDIVORCED Mane (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from Exact stated 6 DATE OF BIRTH classified. (Year) (Month) (Day) pe 7 AGE If LESS than and that death occurred on the date stated above, should 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 properly BOCCUPATION (a) Frade, profession, or parficular kind of work supplied. (b) General nature of Industry. pe business, or establishment in (Durafion) may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) thst 10 NAME OF FATHER (Signed) 80 jo back 11 BIRTHPLACE (Address) terms, ARENT OF FATHER pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 0 12 MAIDEN NAME DEATH In plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country yrs. mos. ds. Stafe yrs, mos. ds. Where was disease confracted. KNOWLEDGE If not af place of death? See Former or OF usual residence. Important. Every Ite OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in

(Year)

a hospifal or Institution.

give its NAME instead of sfreef and oumber. I

(Day)

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

losis of lungs, meninges, peritonacum, etc.. ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite); Tubereufever (never report "Typhoid Diphtheria (avoid Carcinuse of

> childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowid mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for

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AUG 4 1913
BUREAU, V.S.

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Village or City Mherrille (No. Maring) 2 FULL NAME Beasie Ballason	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74 [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Suight Whowen, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 190.7, to 191.3
7 AGE (Month) (Day) (Year) 7 AGE (Jean) (1 day,hrs. ormin.?	that I last saw h. alive on
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Genoral nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Russia	Contributory Julianary Juffer enlars (Secondary) (Onration) (Onration) (Onration) (Onration)
OF FATHER Aluaham Ballasohn 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CHINIC LESSE	(Signed) John Morfolk Morris , M. D. July 17th 1913. (Address) Symmiste M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	At place of death for state of death for state of death for state for state of death for state of death? Where was disease contracted, if not at place of death? Former or usual residence. Dattinoe City 19 Place of Burial or Removal Pate of Burial State of Burial or Removal Pate of Burial State of Burial or Removal Pate of Burial State of Burial or Removal Pate of Burial State or State of Burial State or State of Burial State or State
Filed 19 19 19 19 19 REGISTRAR If more blanks are needed, address State Registra.	TEGREN FURNING THE THE STATE OF ADDRESS 1164 THE THE STATE OF THE STAT

[Approved by U. S. Census and American Public Health
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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

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Important.

PLACE OF DEATH 9452

STATE OF MARYLAND CERTIFICATE OF DEATH

171

Registration	Dist.	No/
		Fif doath accur

Lif death occurred in

* FULL NAME Emily Cathain	give its NAME lostead of street and number. I
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gernale 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH (Mon(h) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
June 25 , 182 (Month) (Day) (Yea	that I last saw he alive on July 8 1913
AGE If LESS 1 day,	hrs. The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in	Courte Seuleng (Ouration) yrs mos 9 ds
which employed (or employer) BIRTHPLACE (State or country) Larroll Le, Md.	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER Charles Devilbiss	(Signed) 1 Suffer Culp , M. D. Aug 11, 1913 (Address) Lither Scellife
(State or country) Maryland (Eastern Shore of MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carroll ba Md.	At place io the of death yrs mos ds. State yrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Halliam & Bradha fr	Where was diseasa contracted, It not at place of death? Former or usual residence.
6 Filed July that, 1913. Jrssr G. Bilmyrv. REGISTRAF	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LUM, 191.3. 20 UNDERTAKER ADDRESS H. H. Werrer Lumontown

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcinosts

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," _ (name origin; "Can-The nature of the Never report



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	CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.	-
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. lif death occurred inWard) a hospital or institution, give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. BEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) OROIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATRER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address). 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrat 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1913 BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH Gounty Cornel 9454 Village or Gi'y Westwart (No. 2 FULL NAME Westward Level 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE MARRIED, Married Wisowers, ORDINGTON (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw trinom alive on fleshy 5 . 1913.
7 AGE 1 t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4. P. m. The CAUSE OF DEATH * was as follows: Clause of Death torule the
particular kind of work	Contributory (Secondary)
10 NAME OF FATHER Levi Bish 11 BIRTHPLACE OF FATHER (State or country) Hungland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) John John M. D. (Signed) John M. D. (Signed) John John M. D. (Signed) John M. D. (Signed) John John John John John John John John
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Address) Hestimustee Hid. 16 Filed July 9, 1913 6, H. Shriver REGISTRAR If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER 4 DOPRESS 4 DOPRE

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foremun, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has Furmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menunonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronio oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senite," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of (name origin; "Candeath), 29 ds.;



UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED WRITE PLAINLY, WITH MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

1 PLACE OF DEATH

9455

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.;..... ...Ward) [it death occurred in a hospital or instilution, give its NAME instead

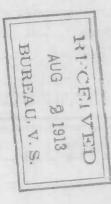
FULL NAME Harrie N. B	SOUL of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale White (Write the word)	18 DATE OF DEATH JULY 22 (1912). (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h and alive on Pulls 221 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2 130 Pm. The CAUSE OF DEATH* was as follows:
**OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Heat Prostration with Chileran Derfantin 9 hours (Ouration) 15 mos 46
PBIRTHPLACE (State or country) Carroll 60	Contributory S has we hat home
10 NAME OF FATHER WIN & Brown 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) (Signed) (Address) January Tara Mark
(State or country) Carroll 60	*State/the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carroll lon Rad	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
(Informant) Show Sand	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Janestow RLO	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 3, 1913 M. B. Hugha	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. Sono. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie "Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpeeal septiehaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for the head of Never report



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

C	PLACE OF DEATH 9456	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 22
V	illage or City Meyers Distrut (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
i si		16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	July 7, 191 J. to July 8, 191 3, that I last saw him alive on July 8, 191 3
TAI	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 720m. The CAUSE OF DEATH*, was as follows:
(a) pai (b) bus whi	CCUPATION) Trade, profession, or rilcular kind of work	(Duration) yrs. mos 6 ds.
9 B	10 NAME OF C	(Secondary) (Duration) yrs
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A 14	State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the 6f death yrs mos ds.
	Informant) Ho esoust	Where was disease contracted, if not at place of death? Former or usual residence
16 Fil	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL POUNDERTAKER ADDRESS Folia H bline Lottletann F, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (Biocery; (a) Foreman, (b) Automobile factory. (a). Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPEEAL peritonitis," etc. State cause for childblrth or miscarriage, as "PUERPERAL septichaccause. etc., when a definite disease can be ascertained as the affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. thonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Dehility" ("Conis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify ail diseases resulting from "Senile." etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918 BUREAU, V.S. BINDIN œ ARGIN

STATE OF MARYLAND PLACE OF DEATH state Very CERTIFICATE OF DEATH should OCCUPATION Registration Dist. No. Ilf death occurred in PHYSICIANSWard) a hospital or institution. RECORD give its NAME instead ot street and number.] of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY 18 DATE OF DEATH B BINGLE, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 Exact S DATE OF BIRTH classified. K (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date P 1 day hrs. shoul The CAUSE OF OR mio. ? properly BOCCUPATION AG (a) Frade, profession, or INK particular kind of work. supplied. (b) General nature of Industry, pe business, or establishment in UNFADING (Duration) тау which employed (or employer) Contributory certificate. State or country) (Secondary) carefully that It 10 NAME OF FATHER (Signed) 80 50 be 1913. (Address) terms, n back PARENTS 11 BIRTHPLACE OF FATHER (State or country) should State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE C At place In the OF MOTHER (State or country DEATH yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. OWLEDGE it not at place of death?. See jo Former or P 0 osual residence. important. 19 PLACE OF BURIAL OR REMOVAL CAUSE DATE, OF BURIAL 15 ADDRESS 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

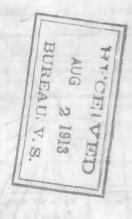
REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day Jaborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laboret," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the (retired 6 yrs.). As examples: For persons

losis of lungs, meninges, ("Pneumonia," unqualified, is indefinite); pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. time and causation), using always the same accepted causing prate (the primary affection with respect to brospinal meningitis"); Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid Jever (never report "Typhoid Diphtheria peritonaeum, Examples: Ccrebrospinal (avoid Tubercu-

> ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL perstonitis," etc. State childpirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus,", "Oid, Age," "Shock," "Uraemia," "Weakness, "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Never report cause for For VIO-



RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WRITE PL	Every Item of Informa CAUSE OF DEATH In Important. See Instruc

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state

STATE OF MARYLAND 1 PLACE OF DEATH 9458 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to St .:Ward) a hospital or institution. give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WICOWEO. (Month) (Dav) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h. Add. alive on..... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ------9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEASS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace lo the OF MOTHER (State or country) _____ yrs. ____ ds. State _____ yrs, ____ mos, ___ ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death? (Informant) usual residence. (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR r more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illcases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuithe nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 4 1918
BUREAU, V. S.

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RECORD RMANENT

state Very pinous OCCUPATION PHYSICIANS ō statement classified. pe pino properly GE 4 supplied. pe may certificate. that it 0 0 pe back terms, pinous 6 plain Instructions Information 2 EATH 0 Item 10 mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH 9459 CERTIFICATE OF DEATH Registered No. lif death occurred in St:Ward) a hospifal or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trade, profession, or 9 (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in fhe OF MOTHER (State or country) of deafh yrs. mos. State Where was disease contracted. if nof at place of death? Former or usual residence..... REMOVAL DATE OF BURIAL (Address) 15 10 UNDERTAKER REGISTRAR more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S/No. 1.

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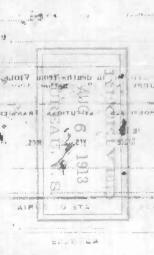
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health,

cated thus: Farmer of persons engaged in domestic service for wages. who have no occupation whatever, write None. causing DEATH, state occupation at beginning of Servant, Cook, Housemaid, etc. If the occupation should be taken to report specifically the occupations gainfully employed, as At school or At home who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation - Precise statement of occupachanged or given up on account of the DISPASE If retired from business, that fact may Women at home, who are engaged in the Never return "Laborer," "Foreman," (retired 6 yrs.). form part of the second Saltaman, For persons has 9 ili-

pneumonia") s Echar pneumonia; Bronchop ("Pneumonia," Tunqualified, is indefinite); losts of lungs, meninges, peritondeum, term for the same disease. causing brain (the primary affection with respect to brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE and causation), using aiways the same accented meningitis") , Diphtheria Tuphqid pneumonia; Bronchopneumonia Jever Examples: Cercbrospinal (ueyer report "Typhoid (avoid use etc.

> cer childbirth or miscarriage, as PUERPERAL ture of the American Medical Association. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitie," etc. etc., when a definite disease can be ascertained as the etc. valvular heart disease; Chronic interstitia nephritis nant neoplasms) : Measles; Whooping couph : Chronio oma cause of death approved by Committee on Nomencla by carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably thenia," "Anaemia" (merely symptomatic), "Atrophy, affection need not be stated. "Contributory." injury, as fracture of skull, and consequences (e. Accidental drowning; Struck by railroay trainwhich surgical operation was undertaken. "Heart fallure," "Haemorrhag "Collapse." "Coma," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary) . 10 ds. ampic: is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Sargoma. etc., of "Old Age," "Shock," " tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), "Tropsy," (Recommendations on "Convulsions," "Debility" ("Con "'Inanition," "Marasunless important (name origin; "Cun The pature of the death), 29 State cause for "Exhaustion, statement of Never report Examples scptichar-For Vio-



RECORD UNFADING INK-THIS IS A PERMANENT should be AGE PLAINLY, WITH WRITE

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stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION Is very properly classified. of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, se Important.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

1	//	14081341 at	1011
1			
109.000.00		St.;	Wa

Village of City Vassey Town (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED Married (Write the word)	16 DATE OF DEATH 14 , 1918 (Month) (Day (Year)
TAGE DATE OF BIRTH (Month) (Day (Year) (Tess than	that I last saw half alive on fully 14", 1915
yrs 6 mos /2 ds. or min.?	and that death occurred on the date stated above, at 6.4 P.m. The CAUSE OF DEATH* was as follows: Welcour Choolia a agitata
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Jand forobobly the offacer of Stornach (Duration) / yrs mos. ds.
State or country) Carroll Co Ind	Contributory Secondary Journalian yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Carroll Go Sud	(Signed) , M. D. State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Carroll 60	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) AND DELLEGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) AND ON MA MEGISTRAR If more blanks are needed, address State Registra	20 UNDERTAKER ADDRESS Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the gainfully employed, as At school or At home. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report Of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 2 1913
BUREAU. V.S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

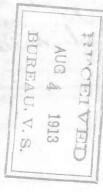
	Village or City Hauchstead (No. Fresh Emory & L.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male While . Single MARRIED, WIGOWED, WOOWED, ORDIVORCEO (Write the word)	(Month) (Day) (Year)
	8 DATE OF BIRTH (Month) (Day) (Year)	HEREBY CERTIFY That I attended deceased from July 3, 1913, to July 5, 1913, that I last saw h. Malive on July 5, 1913
	7 AGE 17 yrs. D mos. 2 2 ds. OR min.?	and that death occurred on the date stated above, at 30. m, The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession, or particular kind of work. Laborer	taxal Orysifulas
certificate.	(b) General nature of Industry, business, or establishment in which employed (or employer)	Gentributory Menigities growing ds.
	State or country) Maryland.	(Secondary)
5	10 NAME OF FATHER Amors. Etaugh.	(Signes) Gagas M. Bush, M. D.
on back	Z OF FATHER (State or country) Mary Land.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Important. See Instructions	of MOTHER Garthara Malin 13 BIRTHPLACE OF MOTHER (State or country) Many Land.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
	(Informant) - Hampslead, Mid.	USUAI residence. 19 PLACE OF BURIAL OR REMOVAK DATE OF BURIAL
Impo	Filed John Sust 77 mm a a both REGISTRAR	20 UNDERTAKER/ SOU SOU ADDRESS
	If more blanks are needed, address State Registrar, 6 I	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcim-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childhirth or miscarriage, as "Pubbebbal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," oma. Sarcoma. etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailg-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; nant neopiasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Examples:



9462 STATE OF MARYLAND 1 PLACE OF DEATH state CERTIFICATE OF DEATH 8 should OCCUPATION Registration Dist. No. Ilf death occurred in PHYSICIANS St: Ward) a hospital or Institution. RECORD give its NAME instead of street and number. 1 Of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH 6 SINGLE, BSEY 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) BINDIN I HEREBY CERTIFY, That I attended decessed from Exact 8 DATE OF BIRTH that I last saw classified. (Month) (Day) (Year) be TI LESS than 7 AGE and that death occurred on the date stated above, at 10-15 should 1 day, hrs. The CAUSE OF DEATH * was as follows: ds. OR min. ? mos. properly BOCCUPATION (a) Frade, profession, or Delon particular kind of work. supplied. pe (b) Geograf nature of industry. business, or establishment in UNFADING **Outation** may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) that It 10 NAME OF FATHER (Signed) 80 0 MARGIN 1913. (Address) back 11 BIRTHPLACE terms, L OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT AREI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place OF MOTHER (State or country) EATH was disease contracted 14 THE ABOVE IS, TRUE KNOWLEDGE it not at place of death? PO (Informant)..... usual residence CAUSE OF Important. OF BURIAL OR REMOVAL SATE OF BURIAL (Address) Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mally nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Sarcoma. etc., of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For VIOds.;



BINDING MARGIN RESERVED FOR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 9463	STATE OF MARYLAND
County Carrate	CERTIFICATE OF DEATH
la D	Registered No.
Village or City Man Selver (No. 7)	St.; Ward) [If death occurred to a hospital or institution give its NAME Instead of street and numbar.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hallve on
7 AGE 2 yrs. / mos. / € ds. If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 m The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	(Buration) yrs, mos. 2 ds.
which employed (or amployer) BIRTHPLACE (State or country)	Gontributory (Secondary)
10 NAME OF STATHER IN MONTH The hunger 11 BIRTHPLACE OF FATHER (State or country) Pencilvania 12 MAIDEN NAME OF OF MOTHER OF MOTHER IN MANE)	(Signed) (Signed), M. B. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causing State (1) Myans on Naury, and (2) whether Account
12 MAIDEN NAME OF MOTHER Maril hesinger 13 BIRTHPLACE OF MOTHER (State or country) had	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) hillon Flehers	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Olleglow a 15 Filed July 18, 1913 AB Hagali REGISTRAR	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examp (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ecc. material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Purreral peritonitis," etc. State cause for childbirth or miscarriage, as "Purpread septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronto cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 78
VIIIage of CHy Bloom (No.	St; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 GOLOR OR RACE MARRIED, Married While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on July 17 , 1913.
TAGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work	(Ouration) yrs. 3 mos. ds. Contributory Queknown (Secondary)
10 NAME OF FATHER Lavid W. Frigell, 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	(Signed) E D C rowl , M. D. July 21, 1913 (Address) Windied Carroll Co State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Informant) Laura V. Driggell. R. (Address) # 9. Westwinsler, md. Filed July 24, 1913 Jacob Farms.	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons The (9)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) "Contributory." scpsis, tetanus) such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory (secondary Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29 da.; or intercurrent) For vio-



CERTIFICATE OF DEATH arrol County... Registration Dist. No. It death occurred in Viilage or City Ward) RECORD a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO. WIDOWEO. (Year) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ... DEATH State yrs. Where was disease contracted, It not at place of death? 6 Former or OF CAUSE OF important. usual residence 29 UNDERTAK ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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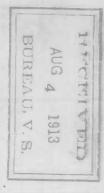
Cerlificate is hereby Endorsed and

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But In many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b)(a) Spinner, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," cause for



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	PLACE O	F DEATH	
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County.			

9466

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or City Union Bridge. (No.....

St.;----....Ward) [It death occurred in a hospital or institution, give Its NAME instead of street and number.]

	PERSONAL	AND STATISTIC	AL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
³sex Ma:		White.	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wo	Married.	16 DATE OF DEATH July 54, 1913 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DA	TE OF BIRTH	12	11	1849	July 4 1913, to July 5 - , 1913
7		(Month)	(Day	(Year)	
7 AGI	63	угз6	24 nosds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) 1	CUPATION rade, profession, or cular kind of work	Plastere	er.	***************************************	Apoplary.
busin	General nature of Indu ess, or establishmen n employed (or employ			***************	(Duration) yrs. mos. / d
9 BIF	State or country	Frederi	ck, Co.	Md.	Gontributory Secondary (Duration)yrs
_	TATILEN	David Gro			(Signed) Jas Hatt, M.
11 BIRTHPLACE Frederick, Co. Md. (State or country)		. Md.	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accided		
	12 MAIDEN NAM OF MOTHER	Elizabe	th Mich	ael.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country) rederick Co. Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Md.	OR RECENT RESIDENTS) At place In the of death byrs. mos. ds. State yrs. mos. d		
		thua Gross		/LEDGE	If not at place of death? Former or usual residence
	(Address)Un	ion Bridg	ge Md.	***************************************	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5 Filed	7	. 191.2 E 181,	Oluste	REGISTRAR	Beaver Dam, Cemetery. 191.
	7	If more blanks a:	re needed, addr		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement: been changed or given up on account of the disease Sorvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitie," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-nus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of.... ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the genital," "Seuile," etc.), "Dropsy," "Exhaustiou," mere symptoms or terminal conditions, such as "As-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (uame origin; "Can-Never report For vio-



•	RECORD	PHYSICIANS should state of OCCUPATION is very
7. 8. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
R		Z

county Carroll 9467	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74
Village or City Sex kesociele (No. Sp.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wisowers, Married (Write the word)	16 DATE OF DEATH Comparison of the comparison
Month) (Day) (Year)	that I last saw h wealive on Duly 19 1913
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
particular klod of work. (b) Geogral nature of Industry, business, or establishment to which employed (or employer) Pairthplace (State or country) Manylana	Contributory Coesebral He act of lag (Secondary) (Duration) yrs mos ds (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place 10 the Leuteur of the death yrs, 4 mos. 4 s. State yrs, 8 mos. 4 s. Where was disease contracted, 11 not at place of death?
(Informant) I. R. Marison Son (Address) 1103, W. 37 \$ St. Balto City Filed July 20, 1913 Willetter REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL O
If more blanks are needed, address State Registre	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, periionaeum, etc.. Carcinbosis of lungs, meninges, periionaeum,

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purrerran septichaeinjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 da.; Never report Examples:

If this certificate is looked over thoroughly and all gneations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

'PLACE OF DEATH 9468	STATE OF MARYLAND
County Countral 9400	CERTIFICATE OF DEATH
	Registered No. 74
Village or City Man Sursmille No.	St; Ward) [it death occurred in a hospital or institution, give its NAME instead
* FULL NAME John a A	larry of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whete (Write the word)	16 DATE OF DEATH (Month) 3 (Day) (Year) 17 1 HEEBY CENTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I lost asw himmalive on 1913 .
7 AGE It LESS than 1 day	and that death occurred on the day state above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Modera Jufauline
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) X yrs. X mos. 2 ds.
State or country) Botto Co Mid	Gontributory (Secondary) (Duration) yrs mos ds
on The Finesse Harry	(Signed) frank Miller has
OFFATHER (State or country) Carroll co My	*St te the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal, or Homicidal.
a Mua Stricter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Council Co MC	At place in the ot death yrs, mos ds.
(Intermant) Flague to the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Residenton Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed / 4 1913 WWR REGISTRAR	Mt Pleasant leand co har fuly 5., 191.3. 20 UNDERTAKER Rolling Rush 191.3.
If more blanks are needed, address State Registran	r, 6 E Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciniaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Fuerpenal septichno etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "ITeart failure," "Haemorrhage," "Inanition," "Maras. ample: Measics (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . by carbolic aeld—probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tctanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



STATE OF MARYLAND PLACE OF DEATH state Very 9469 CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration.Dist. a hospital or lostitution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE WIDOWED, MES (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. 4 (Month) (Day (Year) pe 7 AGE It LESS than and that death occurred on the date stated above should 1 day,hrs. The CAUSE OF DEATH * was as follows: properly BOCCUPATION AGE (a) Frade, protession, or particular kind of work. supplied. (b) General nature of Industry, pe business, or establishment in (Duration) may which employed (or employer) -----Contributory certificate. ⁹BIRTHPLACE (State or country) (Secondary) carefully o 10 NAME OF (Signed) FATHER 80 of pe back 11 BIRTHPLACE terms, ARENT OF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT (State or country) 0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER instructions Information 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE = At place OF MOTHER (State or country) EATH Where was disease contracted, jo 0 OF Item usual residence. mportant. Every It 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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MARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Nevcr return (b) Cotton mill; (a) Salcsman, "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis, nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

Village or City Sy he shelle (No. Hring) 2 PULL NAME Lown H.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred to a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH (Youth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1
7 AGE (Month) (Day) (Year) 7 AGE (Syrs. mos. ds. ORmig.?	that I last saw here alive on July 14, 1913. and that death occurred on the date stated above, at 1205 m, The CAUSE OF DEATH* was as follows:
**OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Eprilepsy (Duration) 24 Trs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Gentributory (Secondary) (Deration) yrs. mos. 6 ds.
FATHER Chas L. Mopper 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MIRTHPLACE MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11	(Signed) , 191 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Ma.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State Syrs. mos. ds.
(Intermant) I state to the Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence. Baltimore
(Address)	19 PLACE OF BURIAL OR REMANAL DATE OF BURIAL ADDRESS ADDRESS B.E. Franklin St. Dalto Bounding V. S.
as mare negative and negative practs well risk	, v m. branann st., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc.' Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For vioample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918
DUREAU, V. S.

STATE OF MARYLAND PLACE OF DEATH 9471 CERTIFICATE OF DEATH Carroll pinous OCCUPATION Registration Dist. No. It death occurred in PHYSICIANS a hospital or institution. give its NAME lostead of street and number. 1 of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVORCED BINDIN (Write the word) I HEREBY CERTIFY, That I sttended deceased from Exact 8 DATE OF BIRTH classified. (Month) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at 3-0 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work... (b) General nature of industry. supplied. pe ERV business, or establishment in may which employed (or employer) ----certificate. BIRTHPLACE (Secondary) carefully so that it (State or country) C 10 NAME OF FATHER (Signed) 80 of MARGIN OF FATHER (State or country . 191 J. (Address). back terms, ENT hould *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS FRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE = At place In the OF MOTHER (State or country of death ____ yrs. /__ mos EATH Where was disease contracted, 14 THE ABOVE IS THUE if not at place of death? PE osual residence 0 mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. mine, etc. essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causino death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chrowle mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malls The contributory (Recommendations on statement of may be stated under (secondary or intercurrent) (name origin; "Can-State cause for Examples: "Atrophy,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPATION is very important. See instructions on back of certificate. KECORD LAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN WRITE

	1 PLACE OF DEATH	STATE OF MARYLAND
	australe 9472	CERTIFICATE OF DEATH
G	ounty	Registered No. 83
v	Illage or City Woodbine (No.	[If death occurred in
	mage of City	St; Ward) a hospital or institution, give ifs NAME instead
1	Rell & all	Otenneell of street and number.]
	FULL NAME OWN DOELYN	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARKIEU,	18 DATE OF DEATH July 15- 1913
2	widewed, engle	(Month) (Day) (Year)
Ve	wall (Write the word)	17 I HEREBY CERTIFY; That: I attended deceased from
. a D	ATE OF BIRTH	July 9 , 1913, to July 15 , 1913,
-	(Month) (Day) (Year)	that I last saw h M. alive on July 14 1913
TAG		and that death occurred on the date stated above, at 7:30 A.m.
	1 day;hrs.	The GAUSE OF DEATH* was as follows:
	yrs. mos. 37 ds. OR min.?	Theneny itis with Convulsion
	CCUPATION') Trade, profession, or	
	rticular kind of work	63
	General nature of industry, iness, or establishment in	2-
	ich employed (or employer)	(Ouration) yrs. mos. 5 ds.
9 8	RTHPLACE tate or country)	(Secondary)
	Maryland	(Duraflon) yrs mos 6 ds.
	10 NAME OF A	(Signed) ED Growk
	Noward Ceunell	July 15, 1913 (Addross) wriefeld Carroll to.
ARENTS	11 BIRTHPLACE OF FATHER (State. or country)	
E		State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
AH	13 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL
0	13 BIRTHPLACE 72	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or. country) Maryland	Af place in the of death yrs mos ds. State yrs mos ds.
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted,
	AN I Trained	if not at place of death?
	(Informant) O Soward Current	usual residence
(/1	Tradition 3. Woodbine Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Borneger M. E. Ceruless. July: -1 7 - 1913
FII	on Duly 151913 michael y lemas	20 UNDERTAKER (ADPRESS
- 111	Ascal REGISTHAR	le. M. Walt (biofield m
	Il more bianks are needed, address State Begistrar, 6 E	E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (dlsease causing terminai conditions, such as "As-(name orlgin; "Candeath), 29 "Exhaustion," Examples: For vio-



BINDING RESERVED FOR MARGIN

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD 4 IS WRITE PLAINLY, WITH UNFADING INK-THIS

N. B.

PLACE OF DEATH 9473 County Carroll Village or City Westmute (No	St.: Ward) State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 [It death occurred in a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Africe (Month) (Day) (Year)	16 DATE OF DEATH JULY (Month) / O (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 9, 1913, to 1913, that I last saw h willive on 1914 / 10 , 1913
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH * was as follows:
SOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer) SIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory. (Secondary)
OF MOTHER Cothorn Wagner 13 BIRTHPLACE OF MOTHER (State or country) Carroll 13 BIRTHPLACE OF MOTHER (State or country) Carroll 14 MAIDEN NAME OF MOTHER (State or country) Carroll 15 BIRTHPLACE OF MOTHER (State or country) Carroll 16 Cothorn 17 BIRTHPLACE OF MOTHER (State or country) Carroll 18 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) Le. E. Schmy (Address) Westmist Mist	Where was disease contracted, It out at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 13., 1913 & Ar Shriver REGISTRAR If more blanks are needed, address State Registrar	Address ADDRESS ADDRESS Westminster G & E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. been changed or given up on account of the DISEASE fication, as Day laborer, Farm laborer, Laborerstatement. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAYCTIVED AUG 4 1913 BUREAU.V.S.

PHYSICIANS should of OCCUPATION IS RECORD ERMANENT UNFADING ARGIN back terms. Instructions plal 2 7 DEATH OF Every Item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St .: Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Month) (Day Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, f day,hrs. The CAUSE OF DEATH * was as follows: SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the (State or towatry) of death yrs. mos. State yrs. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residenc DATE OF BURIAL (Address) 15 If more blanks are needed widness State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of Never report



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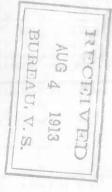
PLACE OF DEATH County Carroll 9475	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mestmuister (No. 1901)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Phile Single, Married, Williams Sungle (Write the word)	16 DATE OF DEATH CLLY 15, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH Och all (Month) (Day) (Year)	July 14 + 1913, to Inly 15 + , 1913, that I last saw h in allve on July 14 + , 1913
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at A. m., The CAUSE of DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	- Crocka X Fancier
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Carroll les Md	Contributory (Secondary) (Ouration) yrs mes ds
10 NAME OF John Leffert	(Signed) Turker Ban, M. D.
11 BIRTHPLACE OF FATHER (State or country) Cyrroll Co Md 21 MAIDEN NAME OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEMNS OF INJURY; and (2) whether ACCIDENTAL SUPPLY OF HOMEON OF THE STATE OF THE SUPPLY OF T
of Mother Selliau Ward	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death?
(Informant) John Seffent (Address) Nestricuster Ind	Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed July-10, 191 3 G. H. Shriver	Reformalem at Kristis July 16, 1913
REGISTRAR If more blanks are needed, address State Registrar	James M. Dloner Mestrumster
The state of the s	w. branchin St., Daito., Requesting V. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Is already affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Purperral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. ver" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can-State cause for



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING K FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

PLACE OF DEATH 9476	STATE OF MARYLAND
County Carrier.	CERTIFICATE OF DEATH
Village or City Sykerocece (No. Spresser Tr.	give its NAME lostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	16 DATE OF DEATH Suley (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	Feb 26 , 1912, to Viely 2 , 1910 that I last saw helicalive on Viely 2 , 1913
7 AGE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at 300 m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	General Paren. (Duration) 3 yrs. — mos. — ds.
9 BIRTHPLACE (State or country) Doseherter Co. Ma.	(Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary)
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER A D 13 MAIDEN NAME OF MOTHER O	(Signed), 1913. (Address), M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residence)
13 BIRTHPLACE OF MOTHER (State or country) Mediculo 1. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant)	Former or usual residence
Filed Address)	20 UNDERTAKER ADDRESS AUGUST AUGUST
	na

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nection is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Lacomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. pess of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples:
Accidental drowning; Struck by railway train—accichildbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malts-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certilicate, WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH 9477	STATE OF MARYLAND
of the post of the	CERTIFICATE OF DEATH
County of South the	Registration Dist, No.
Village or City SMY Dess burney	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME lostead
FULL NAME Sarah Den	ainide Stiller of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH / 1913 (Month) (Day) (Year) 13 A I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH AMANA 2 , 189 (Month) (Day) (Yea	galy 10, 1913, 10 July 11, 193.
7 AGE	and that death occurred on the date stated above, atm.
3 yrs. // mos. /6 ds. orml	The GAUSE OF DEATH'S Was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) Trade, profession, or particular kind of work	Curs J Coursesons unhann
(b) General nature of industry, business, or establishmeof in which employed (or employer)	Contributory Cardiac Landers
(State or country) Carroll Courses M	(Secondary) (Doration) yrs mes And
10 NAME OF FATHER John Millen	(Signed) J. Pleating, M. D.
D 11 BIRTHPLACE OF FATHER OF COUNTRY OF COUN	*State the DISEASE CAUSING DEATH, OF In deaths from Victoria
12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carroll Country &	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Informant, Dohm & Millen	Former or esual residence
(Address) Suydensburg Mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 1913 REGISTRAL	20 UNDERTAKER ADDRESS ADDRESS
- Treces	istrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, It is necbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care minc, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typholod pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or misearriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. by carbolic acid-probably-suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. -hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchonncumonia (secondary), 10 ds. Never report ter" is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1918
BUREAU, V.S.

OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY D classi properly AGI supplied. pe may certificate. carefully that 80 ō back terms. plain Instructions Information = DEATH See 0 E OF mportant. Every

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1 PLACE OF DEATH STATE OF MARYLAND Registration Dist. No.

CERTIFICATE OF DEATH Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED. WICOWEO, (Month) Write the word) (Dav) I HEREBY CERTIFY. That I attended deceased from BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: ORmin. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAM OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. ds. State yrs, mos, ds Where was disease contracted. If not at place of death?. usual residence OF BURIAL

ADDRES

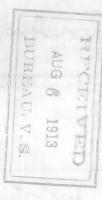
If more blanks are needed, address State Registrar, 6 E. ... Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

childbirth or miscarriage. as "PUERPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all-diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For VIO-



	STATE OF MARYLAND
County Coursel 9479	CERTIFICATE OF DEATH Registered No. 83
VHIage of City Sish (No.	St; Ward) [If death occurred a hospitat or instituting give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thale Slack Single, MARRIED, WISOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from July (4 1913, to July 24 1913
(Month) (Day)	(Year) that I last saw him slive on July 17 ,1913
11	day,hrs. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland.	Gontributory & Courties (Secondary) (Duration) yrs, mos, 14 d
10 NAME OF FATHER OLD AN MAIN	(Signed) Edwin D Grock M.
VI 11 BIRTHPLACE OFFATHER (State or country) Maryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
(State or country) Manyland. 12 MAIDEN NAME OF MOTHER Lamiett C. Mugu 13 BIRTHPLACE OF MOTHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place in the of death yrs. mos. ds. State yrs. mos. ds.
OFFATHER (State or country) Manyland. 12 MAIDEN NAME OF MOTHER Vaniett la. Mugu	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place in the of death yrs. mos. ds. State yrs. mos. ds.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustlon," ... (name orlgin; "Canetc. State death), 29 Examples: cause for For vio-



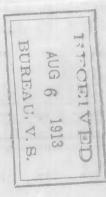
Co	1 PLACE OF DEATH unty Carsol 9480	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7/.
VII	12ge of City Bark Holl (No. P. Ma	St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Sale Hile Single, Marrieo, Widower Orolyonce (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	Month (Day (Year)	that I last saw h (14 alive on About 101913
(a)		and that death occurred on the date stated above, at 7,30 fm, The CAUSE OF DEATH* was as follows: Lies only after cleath
bus whi	ness, or establishment in ch employed (or employer) RTHPLACE (State or country) Active of Country)	Contributory Table VEON
PARENTS	10 NAME OF William: Musbaumi 11 BIRTHPLACE OF FATHER (State or country) Carroll by Pad	(Signer)
PAF	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Carroll 68 And	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
	Informant) Allan : A Mangainn	Where was disease contracted, If not at place of death? Former or usual residence.
16 File	REGISTOR	Baust Church gruly 6, 1913 20 UNDERTAKER 6.0. Fuss Janestown Und
	11 more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto', Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. fication as Day laborer, Farm laborer, Laborer-Coal additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," The (0)

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cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	1 PLACE OF DEATH 9481	STATE OF MARYLAND
Coun	ity Eurroll	CERTIFICATE OF DEATH
	2-141	Registered No.
Villa	se or City Ourspelled (No.	St; Ward) [If death occurred a hospital or institution
	2 FULL NAME ELMEN MINTE	Accessate of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOROR RACE SINGLE, MARRIED, WIDOWEO	16 DATE OF DEATH 7 /2, 1913
Ma	le Mule (Write the word)	(Month) (Day) (Year)
6 DATE	OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Month) (Day) (Year)	that I last saw h AMaliye on 17 1913
TAGE	If LESS than	and that death occurred on the date stated above, at 10.480 m
	50 yrs. 5 mos. — ds. ORmin.?	The CAUSE OF DEATH * was an follows:
8 0000	PATION /	Riched in abdoment by a
(a) Trac	de, profession, or 26 see Dzales	Tyrse,
(b) Gen	neral nature of industry,	(accident)
	s, or establishment in imployed (or employer)	(Duration) yrs. mos. do
9 BIRTI (State	HPLACE or country) Manual and	(Secondary)
10	NAME OF THE PLANT OF THE PARTY	(Signed) Edgav M. Dush, M. D
S 11	BIRTHPLACE	7/3/ (1913 (Address) Hampslend mil
1	(State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR 12	OF MOTHER LESSTERAN alaire	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	BIRTHPLACE OF MOTHER State or country)	At place In the
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Into	ormany Mrs. Elafa Richards	It not at place of death? Former or usual residence
	(Address) Familistead, Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	00000	Hampstead med July 14, 1913
Filed	My 14 1913 DIST TY MM (IGASO) AREGISTRAR	Countertaker Address Hountstoad
	If more blanks are needed, address State Registrar, 6	

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS State MEANS OF INJURY and qu which surgleal operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarrlage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailg-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Mcasles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report Examples: FOr VIOprobably HILY as



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred to a hospital or institution give its NAME instead of street and oumber.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTUY, That I attended deceased from July (K. 1913., to July (K. 1913.,
snd that death occurred on the date stated above, at
Contributory of the Causes of the Causes, state (1) Means of Injury; and (2) whether Accident
TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place I to the of death

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulminc, etc. material Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indlworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purpural septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Meastes (disease causing affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Brenchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Examples: FOI VIO-



STATE OF MARYLAND PLACE OF DEATH 9483 CERTIFICATE OF DEATH SICIANS should OCCUPATION IS County L Begistration Dist. No. Ilf death occurred in PHYSICIANS Village or City. a hospital or Institution. RECORD give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Statement PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR O'R RACE MARRIED. WIDOWED ORDIVORCED (Write the word) (Month) BINDIN I HEREBY CERTIFY, That attended deceased from Exact 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above. should 1 day,hrs. The CAUSE OF DEATH * was as follows: OR mla. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work supplied. (b) General cature of industry. pe business, or establishment to may which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (Secondary) (State or country) that C 10 NAME OF FATHER 80 0 pe /____, 191 3 (Address) 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 0 12 MAIDEN NAME piain OF MOTHER instructions information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place OF MOTHER (State or country of death ____ yrs. ___ mos, Z & ds. EATH Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? See Po Item asoal residence. ō mportant. ы DATE OF BUR Every (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No./1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railreay train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918 BUREAU. V. S.

BINDING FOR MARGIN RESERVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Westminster (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Shingle, Marrieo, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (The Company of the Company of
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Coute rephrelis (Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Baltimore, Marylone	Contributory (Secondary) (Dyration) Yrs. mos. ds.
10 NAME OF FATHER ROST ROST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. , M.
13 BIRTHPLACE OF MOTHER (State or country) Hombery Canada 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. Where was disease contracted,
(Informant) A. Geberozie	Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed ruly 4 , 1912 O PRINTER REGISTRAR If more blanks are needed, address State Registra	Lecuston mich July Co., 1913. Louis Cathana West
The state of the s	-,

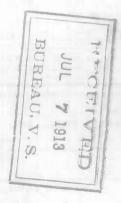
W. B. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purrereal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Fxhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples: FOF VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that is may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back in the risk of the results of the risk of the WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH County Carroll 9485	STATE OF MARYLAND CERTIFICATE OF DEATH
Outily The same of	Registered No. 7/
Village or City Forth Holling. 2 FULL NAME Dequirond	Ward) [If death occurred to a hospifal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Huite Single, Married, Widoweb, Willele (Write the word)	16 DATE OF DEATH (Month) (Year) 17 1 HEREBY CERTIFY That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on July 4, 1913,
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the pate stated above, at 9
/ vrs. 5 mos. 6 ds. 0Rmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or parficular kind of work.	Bulerololites
(b) Beneral nature of Industry, business, or establishment in which employed (or employer)	(Durafion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manusland	Contributory (Secondary) (Doration) (Doration) (Secondary) (Secondary)
10 NAME OF FATHER VALUE VOWS	(Signed) Cutled Quid M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER A 14 STREET	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
of MOTHER Mary & Helly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) May Claud	Af place In the of death yrs, mos, ds. Stafe yrs, mos, ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(informant) 12 May Vous	Former or usual residence
(Address) Jan 16 Hill Med,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The July 2/1913
Filed July 20th, 1913. Jessey Billmush	20 UNDERTAKER ADDRESS Jef H Missier Mensel Lange In.
	r. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia") unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-



N. B.

Village or City Platumster No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
emale White Single, Marrieo, Wildoweb, Orolyorgeo (Write the word) 6 DATE OF BIRTH CLOSEN 8, 1912	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I extended deceased from 1913, to 1913, to 1913, to 1913, to 1913, to 1913
(Month) (Day (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Mes Colitis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration), purs mos ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Wavid E. Whaver	(Signed) Thos. 6 Conque N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 10 MOTHER	*State the Disease Causing Death, or, in deaths from Violent Caures, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Seorgia Cullison	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Balts Co. Md	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Interspant) Daza 6. Luanuer	Former or usual residence
(Address) Patapsco Illa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 30, 191 3 6 M. Shriver	Talapseo levelery Mig., 1913

If more blanks are needed, address State Registre 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women, at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pncumonia; Bronehopneumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synouym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal "Croup";) ("Pneumonia." Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria (avoid use

> valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septiehaenus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopncumonia (secondary), 10 ds. ample: ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

the certificate is permanently filed.

BULLINE SEP

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

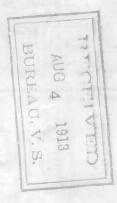
PLACE OF DEATH 9487	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Snyldersburg (No. 2 FULL NAME Solomon Solomon	St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MUNICIPAL MARRIED, WIDOWED, ORDIVERCED (Write the word) 6 DATE OF BIRTH 15 SINGLE, MARRIED, WILLIAM ORDIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from fam 26 th 1913, to July 30 th 1913,
(Month) (Day) (Year) 7 AGE if LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at //, P, m, The CAUSE OF DEATH* was as follows: Sarcinoria of Pancies (Duration) / yrs. 6 mos. 8 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Williams Procunceller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country) Many Many Many Many Many Many Many Many	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Address) Snycless burg 15 Filed uh. 3/2,1913 6. W. Shruru REGISTRAR II more blanks are needed, address State Registrar, 6	Harrier Graner Westmeether

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the natifre of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or lutercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



	CORD	YSICIANS should
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on hack of certificate
T. S. No. 1.	WRITE PLAINLY, WITH I	N. B.—Every item of information should be carefully supply CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate

state

VIIIage or City Sykewelle (No. Spr.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 [It death occurred in a hospital or institution, give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from
TAGE Comparison Comparison	that I last saw h. Contains on Seely 22, 1913, that I last saw h. Contains on Seely 22, 1913 and that death occurred on the date stated above, at 6 1. m. The CAUSE OF DEATH* was as follows:
(b) Geoeral nature of Industry, business, or establishment In Which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) LULK CLOUNT 12 MAIDEN NAME	(Signed), 1913 (Address) State the DISMASH CAUSING DEATH, or, in deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
Filed July 23, 191.3 W. J. T. J. 2. REGISTRAR If more blanks are needed, address State Registral	20 VRDERTAKER ADDRESS ALL RESULTS ADDRESS ADDRESS ALL RESULTS ADDRESS ADDRESS ALL RESULTS ADDRESS ALL RESULTS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples: For VIO-

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TAL-CELVED
ANG 8 1918

id state	County Learnall 9489	STATE OF MARYLAND CERTIFICATE OF DEATH
RECORD PHYSICIANS should of OCCUPATION 1s	Village or City Bried Hill (No	Registration Dist. No
H . #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S IS A PERMANENT ould be stated EXACTLY classified. Exact stateme	B DATE OF BIRTH Acrock (Month) (Month) Age Coloror Race Single, Warried, Widowso, Ordiverced (Write the word) Male Market 1 day, hrs.	16 DATE OF DEATH (Morth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h. Ann. alive on July 25, 1913 and that death occurred on the date stated above, at 3.50 m
NG INK-THI	BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Jan four the a hop hay (e'fe) (Duration) Lifeyrs. Lymos. ds Contributory. (Secondary)
WRITE PLAINLY, WITH UNFADII Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate.	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	(Signed)
N. B. H.	Filed My - 1913 O REGISTRAR REGISTRAR It more blanks are needed, address State Registra	20 UNDERTAKER ADORESS Freuel Charles Westermels F, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill, (a) Salcsman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it is a me accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples: FOT VIO-

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PECRIVED
AUG 4 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. Y

MARGIN RESERVED FOR BINDING

VIII	lage or City Sousley billion Show	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	Tale While Single, Married, Widowed, ORDIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
8 DAT	(Month) (Day) (Year) If LESS than 1 day,hrs.	that I last saw h 24 alive on June 3 6 191 and that death occurred on the date stated above, at The GAUSE OF DEATH* was as follows:
(a) To particular (b) Go busine which	cupation rade, protession, or cular kind of work. General nature of industry, ess, or establishment in a employed (or employer).	(Buration) yrs. mos. 2 f ds Contributory (Secondary)
PARENTS	10 NAME OF FATHER HOWAS Sheller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COLLEGE TOLL 13 BIRTHPLACE OF MOTHER (State or country) CANADAM THE COLLEGE TOLL 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant My Muleur Management Mana	of death yrs. mos. ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day iaborer, Farm iaborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonacum, etc.. Carcin-

1865- 5-02

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (g. by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measies (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitiai nephritis nant neoplasms); Measies; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



BINDING FOR RESERVED MARGIN

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very County. Village RECORD PERMANENT stated EXACTLY. 3 SEX 6 DATE OF AGE should be st properly classified. d 7 AGE UNFADING INK-THIS IS 8 OCCUPA (a) Trade, pr particular kin of information should be carefully supplied. DEATH in plain terms, so that it may be is See instructions on back of certificate. (b) General business, or which employ 9 BIRTHPL (State or 10 NA PLAINLY, WITH B.-Every item of information should be CAUSE OF DEATH in plain terms, s PARENTS 11 BIF (Sta 12 MA 13 BIR OF (Stat WRITE 14THE AB Informan Important. 15 Filed.....

STATE OF MADVIAND

PLACE OF DEATH 9491	STATE OF MAK	
to ordersoll	CERTIFICATE OF	DEATH
	Registration Dist	No. 75
* FULL NAME ADOPT H SIL	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
ale Hill Single, Married, Wisowed, Onbivorce (Write the word)	16 DATE OF DEATH (Month) 17 O. / I HEREBY CERTIFY, That I at	3/, 191.3 (Day) (Year)
OF BIRTH Moroh (Day), 1857	191 3, to 7/13/1that I last saw h. hanne alive on 7/3/	3/ 191 3
it LESS than 31 day./e. hrs. or. min.?	and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, at 10 Pm.
PATION e, protession, or or kind of work eral nature of industry, or establishment to	Cholumia (Duration)	Degreet ds.
nployed (or employer) APLACE or country) Lensy wanied your co	Contributory (Secondary)	yrsmosds.
BIRTHPLACE OF FATHER OF FATHER	(Signed) Straw Dearth, or, in control of the Disease Causing Dearth, or, in control of the Causing Dearth, or, in control of the Disease Causing Dearth, or control of the Disease Causing Dea	doeths from Vrozwym
MAIDEN NAME Sarah Hildrendn	CAUSES, State (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	2) whether Acciden-
BIRTHPLACE OF MOTHER State or country) pulknowen	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	yrs, ds.
mant) Elica Jane Server	li not at place of death?	******************************
(Address) Manchestia	19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL
	00	DDBF66

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. 8, Census and American Public Health Association.]

of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia ("Croup")

cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 9492	F6 5 STATE OF MARYLAND
1 . 10	CERTIFICATE OF DEATH
County Carroll	Registration Dist. No. 76
1 1// /-	114
Village or City hear Westminsleho.	St.; Ward) [It death occurred to a hospital or Institution,
1. O class	give its NAME instead of street and oumber.
FULL NAME Jollah J. S.	wenson
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, Married	16 DATE OF DEATH Luly 14 101%
male White (Write the word)	(Month) (Day) (Year)
1/1-10-10	17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH	1 1913, to party 14, 1919,
(Month) (Day) (Year)	that I last saw harma alive on 4 191 8
7 AGE If LESS than	and that death occurred on the date stated above, at 5 m.
78 yrs. 6 mos. 12 ds. 0Rmin.?	The CAUSE OF DEATH* was as follows:
goccupation mos, ds. ormig. ?	Valorelas Hour Desector
(a) Frada, profession, or	
particular kind of work (b) Geoeral nature of industry,	
business, or establishment in	(Duration) yrs mos 3 ds.
which employed (or employer) PRINTHPLACE	Contributory
(State or country) Carroll 60. md.	(Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER Numrod Strivenson	(Signed) Als: the Stelling bloom, M. D.
11 BIRTHPLACE	July 16, 1913 (Address) Mistherusta See
(State or country) Carroll Co. md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
State or country) Carroll Co. Mo.	TAL, SUICIDAL, OF HOMICIDAL.
a didia prown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disaase contracted,
2 3	If not at place of death?
(Interment) Mas Mary Downson	Former or usual residenca.
(Address) Tanney town md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 1 . 601-01.	At Johns Cimelen July 18, 191 3
Filed July -/6, 1913 6 - 4/ Varirer	20 UNDERTAKER ADDRESS .
REGISTRAR	H. Bankard son Westminster
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and eveny person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulthe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Aszer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913 BUREAU. V.S.

1 PLACE OF DEATH 9493 OCCUPATION IS PHYSICIANS RECORD 0 PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Jun WIDOWED. Write the word) 6 DATE OF BIRTH classified. (Month) (Day) 7 AGE if LESS than pinous 1 day hrs. OR 7 properly BOCCUPATION (a) Frade, profession, or particular klod of work. (b) General nature of Industry, business, or establishment in may which smployed (or employer) -----Contributory... (Secondary) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF (Signed).... FATHER 80 00 pe back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country pinoda 0 12 MAIDEN NAME plain OF MOTHER Instructions Information 0 13 BIRTHPLACE 5 At place OF MOTHER EATH _____ yrs. mos. .. of A OF usual residence. Important. lu! transter mod CAUSE 15 20 UNDERTAKER REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No Ilt death occurred in a hospital or institution. give its NAME lostead

of street and oumber. I MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from was as follows:

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS In the

Where was disease contracted. if not at place of death?-

REMOVAL

ADDRESS

DATE OF BURIAL

State yrs, mos, ds,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. cated thus: Farmer (retired 6 yrs.). ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfulwho receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crosp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Measles (Recommendations on statement of may be stated under the head (disease causing terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Candeath), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. W.

PLACE OF DEATH 9494	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
5 1110	Registration Dist. No.
Village or City Bark 1216 (No.	St.; Ward) [If death occurred in a hospital or lostitution,
FULL NAME Charles &	Stermanles give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed, ORDIVORCED (Write the word)	igle 18 DATE OF DEATH July 10, 191.3. (Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
726-8	1913 fully 10 1913, to July 10 , 1913.
(Month) (Day	(Year) that I last saw h the allve on 1913
	LESS than and that death occurred on the date stated above, at 3.30 pm.
, , , , , , , , , , , , , , , , , , ,	min.?
8 OCCUPATION (a) Trade, profession, or	Measles
particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 2 (Used
State or country) Larsoll 69	Geondary Centre Subayetton
10 NAME OF Joseph Sterma	(Signed) (Signed) (Duration) yrs mos. a last
11 BIRTHPLACE OF FATHER (State or country) Cassoff Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Celia & Engles	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Carroll bo	At place of death yrs mos ds.
(Informant) Quality of the Best of My Knowledge	Whore was disease contracted
(Address) Barkhill, W	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
36 21	Bust- Jahurch July 12, 1913
Filed 1913 6 40 hurters	20 UNDERTAKER ADDRESS
	ate Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc. without more precise speciof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATH'S State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. "Collapse," "Coma,", "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL; SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. "," "Old Age," "Shock," "Uraemia," "Weakness," The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



STATE OF MARYLAND 1 PLACE OF DEATH 9495 PHYSICIANS should state of OCCUPATION Is very CERTIFICATE OF DEATH Corral Registration Dist. No. It death occurred in a hospital or institution, RECORD give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIEO, MAR WIDOWED. (Month (Year) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 Exact 6 DATE OF BIRTH (Year) (Day) pe 7 AGE If LESS than pino 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION proper (a) Frade, profession, or particular kind of work... (b) Geoeral nature of Industry, be business, or establishment lo тау which employed (or employer) -----Ш Contributory 9 BIRTHPLACE (State or country) oarefully o (Secondary) certifica 10 NAME OF FATHER 80 Jo back 11 BIRTHPLACE terms, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 œ 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place In the OF MOTHER (State or country) ATH _____ yrs. mos. .. State Where was disease contracted. If not at place of death? 00 Former or OF usual residence mportant. Every It DATE OF BURIAL 15 20 UNDERTAKER ADDR 8 REGISTRAR If more blanks are needed, address State Regis fran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of The contributory (Recommendations on statement of may be stated under (secondary or intercurrent) (name origin; "Can-"Atrophy," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STEL 9 DNY CLEAN

	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See Instructions on back of certificate.
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ECC	IYSI
2	P o tr
EN	TLY.
AN	XAC
ERN	xact E
F	stat
S	l be
S	clas
H	E si
ZK	AC
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	lied.
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2	carel tha
TH	be ck of
*	ould term n bac
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4	form TH nstru
HTE	Every item of information should be earefully su CAUSE OF DEATH in plain terms, so that it mi Important. See Instructions on back of certificate.
WR	T. S.
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state very Village of City Truedow (No. -)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 74

...St;.....Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and number]

*FULL NAME John Olive Wadlow of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 51	Vale Verile Single, MARRIED, Widower, ORDIVORCED (Write the word)	(Youth) (Day) (Year)		
6 DATE OF BIRTH March 6, 1831 (Month) (Day) (Year)		that I last saw he alive on 1913,		
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5.20 P.m., The CAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 8 BIRTHPLACE (State or country) & Male		(Duration) - yrs. 3 mos ds. Contributory Prostatic culargement (Secondary) (Duration) 4 yrs mos ds.		
ARENTS	10 NAME OF FATHER John Hadlow 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY	(Signed) (Address) Clarabute (Signed) (Signed) (Address) Clarabute (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
Ω.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,		
	(Informant) AR De Vines (Address)	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL And Olived Com Dallo July 21 th, 1913.		
Filed July 20 , 1913 W. W. Rella		20 UNDERTAKER ADDRESS		

if more blanks are needed, address State Begistrar, S. Franklin St., Balto., Ecquesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If-the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a). Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the Digrass CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cer childbirth or miscarriage, as "Puerperal septicharvalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genltai." "Senile." etc.), "Tropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chrossio oma. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mally Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:



uld state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No ... [If death occurred in .Ward) a hospital or Institution. give Its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWED. (Day) (Write the word) I HEREBY CERPIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, 1 dayhrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular klod of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. If not at place of death?-Former or usual residence. BURJAL OR REMOVAL DATE OF BURIAL 15 ADDA REGISTRAR f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. S. N.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekccpers applies to each and every person, irrespective of age. tion is very important, so that the relative Healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFAPING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Cou	PLACE OF DEATH	0498	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74
Villa	age or Gity Systemille 2FULL NAME Miss 6	la Lan	st.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Fre Fre	x 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the	70	16 DATE OF DEAT Ney 23 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH March 16, 1854		5 , 1854 y (Year)	that I last saw h 12 alive on July 19 15 1913
7 AGE 1 If LESS than 1 day,hrs. ORmin.?		1 day,hrs.	and that death occurred on the date stated above, at 12150, m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Jelesassy particular kind of work. (b) General nature of Industry,		*	(Death Sudden)
whic	ness, or establishmant in the employed (or employer)	ned ,	Contributory Cardiac Cellagre Secondary (Quration) yrs mos ds.
PARENTS	10 NAME OF MARCELLIUS MO	infield	(Signed) Cleaner B. Syrecher, M. D. July 73, 1913 (Address) Sylvericle one
	OF FATHER (State or country) Corroll 12 MAIDEN NAME OF MOTHER FALLShime & La	(e) mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Frederick	Co md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot dealh yrs mos ds Where was disease contracted.
14 T	intermant) Mrs Mary Joseph	NowLEDGE	If not at place of death? Former or usual residence.
16 File	(Address)	ttet	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLL LH, 1913 20 JUNBERTAKER ADDRESS
	If more blanks are needed,	Address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pncumonla"); Lobar pneumonia; Bronehopneumonia brospinal meningltis"); Diphtheria (avold use of causing death (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is term for the same disease. Examples: Cerebrospinul time and causatiou), using always the same accepted "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid unqualified. is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-Carcin-

> ture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), Measles (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," The nature of the "Exhaustion," Never report For vio-



-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

N. B.

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Village or City Otter Stale (No. 2 FULL NAME Theodore 4.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH Aug 8, 1907	Month) (Day (Year) 17 I HEREBY CERTIFY That I attended deceased from fuly, 157, 1913, to ful, 22 - , 1913, that I last saw home alive on ful, 22 - , 1913
Month) (Day (Year) 7 AGE 1 If LESS than 1 day,hrs. ORmin.? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	and that death occurred on the date stated above, at 2715 pm. The CADSE OF DEATH* was as follows: Plue trading foot by free of clothorn observed forey.
business, or establishment in which employed (or employer)	(Duration) yrs mos des.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Wallain Neishaar 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CALL ME Starner 13 BIRTHPLACE OF MOTHER CALL CONTROLL CONTROLL 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration)
(Informant) Not Neish aar (Address) Sancytown Ind PSI 16 Filed July 3, 1913 M. B. Hague	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RFCEIVED
AUG 2 1913
BUREAU, V.S.

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N.B.

PLACE OF DEATH 9500

STATE OF MARYLAND

County Caroll	CERTIFICATE OF DEATH	
On 1-0'	Registration Dist, No	
Village or Gity MV Mry (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S DATE OF BIRTH (Month) (Day (Tear)	I HEREBY CERTIFY, First I aftended deceased from that I last saw h. M.M. alive on July 29, 1913	
7 AGE If LESS than	and that death occurred on the date stated above, at 6:45 m,	
yrs mos 23 1 day,hrs. OR mln.?	The CAUSE OF DEATH * was as follows:	
e occupation (a) Trade, profession, or particular kind of work.	Broncho (Tuennonia	
(b) General nature of Industry, business, or establishment in	(Duration) yrs mos 9 is.	
which employed (or employer) 9 BIRTHPLACE (State or country) Austerdam Holland	Contributory Secondary (Duration) yrs mos. ds.	
10 NAME OF C. L. Wickeman	(Signed) Walter C Bacon, M. D.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death	
(Interment) Savid C. Cuderson (Address) M. Cury M. C.	Where was disease contracted, If not at place of death? Former or would day to Caud 19 PLACE OF BURYAL OR REMOVAL DATE OF BURIAL	
Flied July 3/ 191 3 Frank M Jours REGISTRAR	Dalling MA Mug., 191	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.

material worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonacum, etc., Carcinpneumonla"); Lobar pncumonia; Bronchopncumonia "Croup";) time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria (avoid use

> affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou," "PUERPERAL septichae-Never report For vio-

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BUREAU, V AUG 1 6 1913

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BUREAU, V. S. SEP 1 7 1913

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PLACE OF DEATH 9501	968 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	(84) Registration Dist. No.
Village or City Westsmanster (No	St.; Ward) [If death occurred in a hospital or institution,
* FULL NAME Rosa Leonia 1	Vary lat give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED ORDIVERCED ORDIVERCED ORDIVERCED ORDIVERCED ORDIVERCED ORDIVERCED	16 DATE OF DEATH Month) (Day) (Year)
DATE OF BIRTH	July 26, 1913, to July 28, 1918.
(Month) (Day) (Year)	that I last saw h & alive on Daly 27 , 1913
7 AGE It LESS than	and that death occurred on the date stated above, at A
yrs, 3 mos, 2 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or	Cholera Dufautium
particular kied of work (b) General nature of Industry,	//
business, or establishment in which employed (or employer)	(Duration) yrs mos 3 ds
9 BIRTHPLACE (State or country) Manufland	(Secondary)
10 NAME OF STATE TO THE STATE OF THE STATE O	(Signed) Jewis Dave M. D.
on 11 BIRTHPLACE	7/28, 1913 (Address) WEsterwater ml
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Rosa Druce	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Congene Unglit	Former or usual residence
(Address) Mastiniulur	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed hely 28, 1913 E. H. Shriver	20 UNDERTAKER OF WODRESS
REGISTRAR	Frank Cothaner Whatmont
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death —Name, first, the disease causing death —Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acctnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (name origin; "Candeath), 29 ds.; Examples: For VIO-



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it should be used only when needed. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscivife, Houscivork, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

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